

Preventive Health Assessment Training Course

0800-0830	Introduction to OPNAV Instruction	Genice
0830-0900	Review OPNAV References	Duane
0915-1015	Using the DD2766 Form	John
1030-1130	U.S. Task Force Clinical Preventive Services	John and Jim
1130-1300	Lunch	
1300-1400	Proposed PHA Process Example PHA Process for one Clinic	John and Duane
1415-1500	How to Review an Medical Record and conduct a PHA	Duane
1500-1600	Counseling Skills Age and Gender appropriate (for tob, alcohol, STD.....)	Jim

Introduction – Preventive Health Assessment

This plan is the bridge into the 21st century for war fighter support and health promotion and disease prevention for the Naval Medical Service. It culminates many years of testing and experimentation by implementing a new process to provide preventive medicine services for the active duty force. It provides a solid groundwork for future endeavors in this arena.

As we implement this new program support from all medical personnel is imperative. This support must start with the Primary Care Managers (PCM) and involves all officer, enlisted and civilian personnel in the facility. The PCM has the ultimate responsibility for the implementation of this program.

The plan outlined in this implementation guide makes significant changes to the way we do business and establishes specific timelines to ensure that the program is implemented correctly throughout the Navy and Marine Corps.

We have tried to make the plan and process as adaptable to your needs as we can. There are critical components, which MUST be kept intact:

1. The Annual Health Record Review.
2. The Individual Health Risk Assessment.
3. The Clinical Preventive Services and Counseling Schedule.
4. The Integration of the Occupational Screening onto the DD2766 form.
5. Documented of Medical Readiness onto the DD2766.
6. Active involvement of the PCM Provider in the Member's preventive health care, as well as the PCM support team.

We believe PHA represents a quantum leap in the quality of military health care. The work will not be easy but the reward is great!

Preventive Health Assessment (PHA) Process for Camp Lejeune Active Duty Members

1. All PHAs will be conducted as a face-to-face encounter and all applicable counseling; lab work and Clinical Preventive Services (CPS) must be completed on the same day or be scheduled prior to the member departure from the PHA. Each PCM team will establish a specific time frame for the completion of these clinical preventive services and procedures. Keep in mind this should be done the same day, if possible, to keep one stop shopping on line.

2. Medical record reviews are the cornerstone to this process and must be thorough. To ensure that this requirement is met the following guidelines have been developed.

For New Member Receipt: (PHA will be conducted or scheduled (appointment made) on all new receipts regardless of birth month or terminal digit).

1. New AD members will report to their PCM upon arrival to their command for a PHA appointment.
2. Health record staff will generate the appropriate PHA forms (DD2766 and/or SF600 overprint) and record labels. Member will be given a HEAR form to complete.
3. Patient will be entered into CHCS if the policy of the PCM is to do so.
4. Member is then referred to the PHA trained corpsman or health educator. If they are unavailable to see the new member at that time the member is scheduled an appointment for the PHA.
5. At this time, or the day before the PHA appointment, the Corpsman will conduct the annual health record verification.
 - Immunizations will be verified/updated or ordered as needed.
 - CPS will be completed or ordered such as:
DNA/G6PD/SC/HIV/PAP/MAMMO/Cholesterol/Eye exams)
 - Occupational health screening will be conducted.
7. Counsel member on risk factors and recommend intervention programs. If the member has risk factors beyond the corpsman's scope, the corpsman is then to refer member to the Medical Officer or other subject matter expert. (i.e. If questions about STDs then refer to PMT).
8. Document counseling on the DD 2766.
9. Document last completed CPS on DD2766 form from the medical record review.
10. Transcribe Navy & Marine Corps readiness topics information (i.e. DNA/G6PD/SC/HIV/) onto the DD2766 form section 10. (exclude line 10e and 10g).
11. Schedule patient for any needed clinical preventive service appointments and direct member to immunizations if needed.
12. Document immunizations and PHA visit in SAMS database. Under the physical exam section of SAMS, add PHA as an exam; put the date the initial PHA was conducted. Change the next due date to the first day of their birth month or their terminal digit month. If their birth month (or terminal digit) is within 6 months of the initial PHA, extend the next due date to one year after next birth date (or terminal digit).
13. File DD2766 form in record on the top left, first section.

For Annual PHA recall during birth month:

1. During initial member checkin the initial PHA was added to SAMS with a next due date.
2. Run the adhoc report in SAMS to print a list of PHA recalls (birth month or terminal digit).
3. Contact patient and schedule an annual PHA appointment.
4. AD member will report to the Health Record section for PHA appointment.
5. Health record staff will pull members medical record.
6. At this time the Corpsman will conduct the annual health record verification (this may also be done the day prior to the PHA)
 - Immunizations will be verified/updated as needed.
 - CPS will be completed or ordered or appointment with health care provider made, such as: (HIV/PAP/MAMMO/Cholesterol/Eye exams)
 - Medical/Family History updated on DD2766 form.
 - Medications and chronic illnesses updated on DD2766 form.
 - Occupational health screening will be updated or scheduled as needed.
 - Deployable status determined.
 - Briefly counsel members on identified risk factors as determined by the DD2766 and past medical history over the last year and recommend intervention programs.
7. Document current counseling on the DD 2766. You do not have to cover every topic listed; only those that are a risk identified for that member.
8. Document all CPS conducted during the past year on DD2766 form (if not already there).
9. Inform patient of any needed clinical preventive service appointments and direct member to immunizations if needed.
10. Document immunizations and PHA visit in SAMS database. Under the physical exam section of SAMS, enter the date this annual PHA was completed. Change the next due date to the first day of their birth month next year.

Corpsman PHA Training

A corpsman who performs PHA visits in support of this program should be trained on the following areas with documentation of this training

- (a) PHA process
- (b) Health record review
- (c) Manual or Automated Health Enrollment Assessment Review (HEAR)
- (d) Clinical Preventive Services (CPS)
- (e) DD 2766 documentation
- (f) Immunizations
- (g) CHCS appointing
- (h) Knowledge Occupation Health Programs
- (i) SAMS
- (j) Risk Factors
- (k) Counseling Techniques

All Health Records Personnel:

The PHA process is team effort and any corpsman or technician associated with the handling of the medical record documentation or filing must receive training on the DD2766 form.

Reporting Responsibilities:

Medical commands, medical departments, and aid stations are responsibly for supplying Commanding Officers status updates of their personnel. Fixed medical treatment facilities will support, as necessary, the provisions of PHA of supported operational forces.

Completion of DD 2766

1. The DD 2766 functions as the summary health form documenting Navy Medicine's proactive delivery of preventive care within our facilities. Our goal is to avoid duplication when possible however, some may be required until full automation can be introduced.

2. Documentation on the DD 2766 should be done as a result of a face-to-face patient encounter, incorporating both historical information from the medical record and from the patient themselves. It **must not be done** solely as a medical record review, since the information held within the Military Medical Record may not be the sole source of medical information. The DD 2766 is a tool to be used only by all levels of providers at the command. All levels of providers (physicians, nurses, nurse practitioners, physicians assistant, independent duty corpsmen and support staff) should begin documentation with a clinical or education encounters.

3. Responsibility. All PCM team members shall become familiar with the DD 2766. The following information regarding documentation on the DD 2766 is provided.

a. Section 1- Allergies: Document both medication and environmental allergies. Ensure true allergies (not side effects) are documented.

b. Section 2 - Chronic medical conditions, and any Illness: List current chronic significant past illnesses.

c. Section 3- Medications: List current medications (prescriptions, over-the-counter, herbs, supplements, and ergogenic agents) to include frequency and dose. **Since medications may change this section should be completed in pencil.**

d. Section 4- Hospitalizations/Surgeries: List hospitalizations and all surgeries in chronological order.

e. Section 5 - Preventive counseling: Date, age, and topic will be filled during the initial or annual PHA or from a roster of group education classes for the unit. Place the letter associated with the type of counseling given in the corresponding square (e.g., "F" for Fitness). This is NOT to be used at every visit. (Counseling occurring during routine visits is documented on the SF 600 at the time of that encounter.) The counseling block is not intended to take the place of documentation on the SF 600, or assumed to be an official referral for further education at community based services. This section will require updates as health behaviors and status change. In the empty lines at the bottom of this section add PHA as a topic and the last date of the completed PHA.

f. Section 6- Family History: Specify the types of illness or disease for family members including age and cause of death, if pertinent. The empty block provides space for documentation of more expansive family history.

g. Section 7- Screening Exams: Fill in the date in the frequency field when the study is done or the patient counseled, and pencil in the next suggested interval. Document results: "N" if normal, "X" if abnormal, "R" if refused, or "N/A" if not applicable. The DD 2766 reflects frequencies based upon the TRICARE Standard Benefit package and exceeds evidence-based recommendations established by the US Preventive Services Task Force. If frequent screening is indicated, pencil the recommended frequency in the next column as a visual reminder. Actual results are to be written on the SF 600. **Update the DD 2766 each time preventive care is ordered, performed, or when results are returned.**

h. Section 8- Occupational History: Document occupational monitoring programs, e.g., hearing conservation, radiation, asbestos, etc.

i. Section 9- Immunizations: Disregard this section. Use the SF 601 until further notice, placing all copies of the SF 601 under the DD 2766 or a print out of the SAMS record.

j. Section 10- Readiness: This section is to be completed at the initial PHA for new member receipt. This section should be transcribed from previous documentation in the medical record. Sections 10e and 10g are to be disregarded.

k. **Section 11- Enter the date a location of any OCONUS deployments.**

5. The optometry prescription is to be written directly below the "Glasses Gas Mask" description block and revised as necessary.

6. For Navy Personnel only (not Marine Corps PFT). The Primary Care Manager is to document when an active duty member is cleared for participation in the Physical Readiness Testing Program. Clearance is presumed to be good for 1 year, unless medical conditions change. If waivers are granted, the granting date and expected reevaluation date are to be recorded.

7. Forms. The DD 2766 is available through the Navy supply system, NSN 0102-LF-984-8400. The DD 2766C is available through the Navy supply system, NSN 0102-LF-984-9600.